MARGIN RESERVED

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Example I	TT IT	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address)

ould state	1. PLACE OF DEATH	Registration Dist. No.
CORD. Every item of PHYSICIANS should ct statement of OCC	Village or City Tarran	No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foraign birth? yrs. mos.
HYSI HYSI t stat	(a) Residence: No. Tarrow (Usual place of abode)	St., Ward.  If nonresident give city or town and State
TT RE	PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  (Year)
BINDING FRMANEN EXACTI y classified te.	5a. If married, widowad, 6? divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) #/ 2 6 / 3 ~/	22. I HEREBY CERTIFY, That i attended decaasad from 19
FOR B) IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day hrs. or min.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:  Date of one
SERVED NK—THIS should be it may be on back of	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date daceased last workad at this occupation (month and spent in this	Lileborn
Z 4 - 0	12. BIRTHPLACE (city or town) And (State or country)	Other Centributory Causes of importance:
MA ITH U Ily sup olain to See	13. NAME Marsey Cooper  14. BIRTHPLACE (city or town) Co.  (Stata or couptry)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
ALKLY, WIT d be carefull; DEATH in pl	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. DIRTHPLACE (city or town)  16. DIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
E PLA should OF DIS very	17. INFORMANT MARKET COAPER (Address) Arran Mcd.  18. BURIAL, CREMATION, OR REMOVAL Place L. Data 27 1937	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury
WRITE lation s AUSE ION is	19 HADEDTAKED AGAIN Chase	Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		61
-	County Calvert	Registration Dist. No. 51
	Village or City Frince Frederick	NoSt.,W. death occurred in a hospital or institution, give its NAME instead of street and number)
	2. FULL NAME  (a) Residence: No. Prince Mederical	If U. S. Veteran, specify WAR
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	3. SEX A. COLOR OR RACE Col.  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  April 20 , 193 7 (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased f
100	6. DATE OF BIRTH (month, day, and year) April 20, 1937  7. AGE Years Months Oeys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
10.5	8. Trede, profession, or particular kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  spant in this occupation	niceming
	12. BIRTHPLACE (city or town) Prince Frederick (State or country) Md.	Other Contributory Causes of Importance:
1	置 13. NAME Alexander Gantt	
	14. BIRTHPLACE (city or town)	Name of operation Dete of What test confirmed diagnosis? Wes there an au'opsy?
	15. MAIOEN NAME Mary Chew	23. If death was due to external causes (VIOLENCE) fill In also the following:
	16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT	Accident, suicide, or homicide? Date of Injury, 19
-	(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Oate   Oate	Manner of injury

Registrar.

if so, specify

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The principal cause of de of importance were as foll Arteriosclerosis	owsECEIVE	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	MIN 9 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEAT should Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. PHYSICIANS If U. S. Veteran, specify WAR (a) Residence: No. ff nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorcad HUSBAND of I HEREBY CERTIFY, Thet I attanded deceased from (or) WiFE of certificate. 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Davs If LESS then to heve occurred on the dete stetad above, at. & 1 day, ....hrs. The PRINCIPAL CAUSE OF DEATH and raiated causes of importance or .... min. 8. Trade, profassion, or perticular THIS kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, atc..... OCCU 10. Date dacaasad last worked at 11. Total time (years) this occupation (month and spant in this that occupation \_\_ Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town) (Steta or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Neme of operation... (Stata or country) What test confirmed diegnosis?\_\_\_\_\_ Wes there an eutopsy?\_\_\_\_ carefully p MOTHER very important. 15. MAIOEN NAME 23. If death wes due to externel ceuses (VIOL ENCE) fill in elso the following: Accidant, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) ..... (Stete or country) Where did injury occur?\_\_\_\_\_ e (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT pluods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE Neture of injury. LION 24. Was disease or injury in any way releted to occupation of deceesed?... 19. UNDERTAKER (Addrass) If so, spacify .. Registrar. (Address)

BINDIN

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Day)

Oate of onset

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		MAY 6 1937	
M 2. N. 2.			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		(152)	
County		Registration Dist. No. 3 2	/
Village or City Zower	Mallos	NoSt.,	Ward
Length of residence in city or town wheel d		f death occurred in a hospital or institution, give its NAME instead of street and comments. How long in U.S. if of foreign birth?yrs	
B ./.	Cil Jack		
2. FULL NAME	000 M. 11	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town an	id State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wite the word)	21. DATE OF DEATH 4	, 193
5a. If married, widowed, or divorcad	J	(Mynth) (Day)	(Year)
HUSBAND of (or) WIFE of	23	22. LHEREBY CERTIFY, that I attended	d decaasad from
6. DATE OF BIRTH (month, day, and year)	/27/27	I last saw he alive on 4/18 1927	; death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, at 12-20 pm.	
	26   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	upant	Jupelyo toperia	Date of onacty
9. Industry or business in which			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	*****		
10. Date daceased last workad at this occupation (month and year)	11. Total tima (yaars) spant in this occupation		
7/1	11	Other Coutributery Causes of importance:	
12. BIRTHPLACE (city or town)  (Stata or country)	4	Colectite of all	11/18/5
W 13. NAME	when		
E 20/1/2	110	Nama of operation Date of .	
2 14. BIRTHPLACE (chr) or town) (Stata or country)		What test confirmed diagnosis? Was there an	
15. MAIOEN NAME  16. BIRTHPLACE (city or town)	Marcelles	23. If death was due to external causes (VIOLENCE) fill in also the following	
0 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country)		Where did injury occur? (Specify city or town, county and St	tate)
17. INFDRMANT - (Address)	melles	Specify whether injury occurred in INDÚSTRY, in HDME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, DR REMOVAL	C. 0 10 AL	Manner of injury	
Placa. Mr. Flanmony	Data aprel 19, 1937	Nature of injury	
19. UNDERTAKER W= H. H	outeline	24. Was disease or injury in any way related to occupation of daceased?	
(Addrass) Oumo	P	If so, specify	
20. FILED april 19, 1937 M	1. /3. Cot	(Signed)	Д M. D.

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Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town (State or country

15. MAIDEN NAME

17. INFORMANT

(Address)

MOTHER

(Stete or country)

Registrar. (Address) \_\_\_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Manner of injury

If so, specify.

Whet test confirmed diegnosis? ...... Wes there an autopsy?.....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any wey related to occupation of deceased?

23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones 1	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEAT
SIAIL		MANIT	- שור	CLIVIII	CALL		DLA

1. PLACE OF DEATH	
County County	Registration Dist. No.
Village or City Huntary Lason	No. St., Ward
	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Frank Kyles	If U. S. Veteran, specify WAR
(a) Residence: No. Aureling Hause	St Ward.
(Urual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY. Thet   attended deceased from
for wife of Ressel hyles	1937 to 1111 US 1932
6. DATE OF BIRTH (month, day, and year) March 15 186 5	I lest saw h A Adalive on A Mall /, 19 3 7; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, atm.
72 / 3   1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:
R Trade profession or particular	- arteria relevative George Caraca Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	- acute Cardiae Deconfrontein am 14
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total tima (yaars) this occupation (month and south this county in this	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation . A.s.A.s.	
12. BIRTHPLACE (city or town) Called Cy	Dther Coatributory Causes of importance:
(State or country)	
II 13. NAME CLER SULCES	
13. NAME  14. BIRTHPLACE (city or town)	Nama of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jenne Jacuny	23. If death was due to axternel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  State or country)  (State or country)	Accident, suicide, or homicide? Data of Injury, 19
(State or country)	Whare did Injury occur? (Specify city or town, county and State)
17. INFDRMANT (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Dete 1,19	Nature of injury.
19. UNDERTAKER Kilgon Mason	24. Was disease or injury In any wey related to occupation of daceased?
(Address) To Mrederick had.	If so, specify
20, FILED / 20 , 19 3 7 M. M.	(Signed) M. I
Registrar.	(Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

-WRITE PLAINLY,

N. B.

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	Example I		Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0505	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis 1011	1921	Run over by street ear	1 week ago
Cercbral hemorrhage	MAL	July 5,1927	Peritonitis	3 days ago
	BITTOALL	23		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

inforshould state of OCCUPA. AD. Every item of PHYSICIANS Exact statement PERMANENT REC stated EXACTLY. properly classified. certificate. WITH UNFADING INK-THIS should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. N. B.-WRITE PLA

19. UNDERTAKER

20. FILED ...

(Address)

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

STATE OF	MARVI AND-	CERTIFICATE OF DEATH	3975
1. PLACE OF DEATH		3	
County Callet		Registration Dist. No.	
Village or City Fort Repuel	(1)	NoSt., death occurred in a hospital or institution, give its NAME instead of street and r	
2. FULL NAME Attilibaria	· - P	ds. How long In U.S. if of foreign birth?yrsmo	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30 (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1-25	22. I: HEREBY CERTIFY, That I attended	, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Disabelea dispressione	4-32/3
SAW MILL, BANK, etc	II. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	Republic und	Other Contributory Causes of importance:	
13. NAME David F	alber		
IA. BIRTHPLACE (city or town) Calls (State or country)	Les To	Name of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Sauch Counciles  16. BIRTHPLACE (city or town) Callus and Counciles  (State or country)		23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PL	, 19
17. INFORMANT Addition (Address)	alle dinuble	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL.	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Jan Core Creek	Jate 15/1/37,19	Manner of injury	
W so drong U	Vallace	24. Was disease or injury in any way related to occupation of deceased?	16

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed).

(Address)

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrihis 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	S July 5,1927	Peritonitis	3 days ago	
RIPERO	and the same of th	· · · · · · · · · · · · · · · · · · ·		
Other contributory causes of importance:		Other contributory causes of importance:	0.476	
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B)
County Faculty	Registration Dist. No. /
Village or City 74. Judus Ch	No. 2 Ward    No. 2   Ward
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME / / ay fi / gry	an If U. S. Veteran, specify WAR
(a) Residence: No. and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write that word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That attended decodesed from
S. DATE OF BIRTH (month, day, and year) Jon 18 19 3	Hast saw h As alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
3   1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importance
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	manung 3
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Carmary cause of the inenition: Lock of
10. Data deceased last worked at 11. Total time (years)	care nd improper feeding a central
this occupation (month and spent in this occupation	Duration 3 Dence Toutha
2. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stata or country)	Laik of Can
13. NAME John / an in	
13. NAME AM AM AM  14. BIRTHPLATE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LENGUA THE CLE  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT MULL on an	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place There 71. Date 7 4 9 , 19.37	Nature of injury.
9. UNOERTAKERY I Wason (Address) PA. A Red, Mal.	24. Was disease or injury in any way related to occupation of deceased?
4/10 39 ) 1 4	If so, specify  (Signed)  (Signed)
20, FILED 19 Registrar.	(Address) fram Tulula, A
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

20120

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	15 B	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OF DEATH
Registration Dist. No. 5/  Co Ward St., Ward hitution, give its NAME instead of street and number) if of foreign birth?
n, specify WAR
If nonresident give city or town and State
CERTIFICATE OF DEATH
(Month) (Day), 193 7 (Year)
BY CERTIFY. That I attended deceased from 30, 19.3.7  30, 19.3.7; death Is said tated above, at
EATH and related causes of importance
Callette 4/10/3
mportance:
Dete of
Was there an autopsy? Life
causes (VIOL ENCE) fill in elso the following:
Date of injury, 19
(Specify city or town, county and State) d in INDUSTRY, in HOME, or In PUBLIC PLACE.
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The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		460	51
Village or City Devel		Registration Dist.  No.  death occurred in a hospital or institution, give its NAME inster	St., Ward
2. FULL NAME 1 CALL	d Ayrs mos	ds. How long in U.S. if of foreign birth?	
(a) Residence: No. / / (Usual	place of abode)	St., Ward.  If nonresident give ci	ity or town and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF	DEATH
Male coloued or DIV	, MARRIED, WIOOWED, ORCED (write the word)	21. DATE OF DEATH  (Month)	(Oay) (Year)
HUSBANO of (ar) WIFE of	Vice,	22. I HEREBY CERTIFY T	hat I attended deceased from 193
DATE OF BIRTH (month, day, and year) May	20, 1879	Mast saw h. M. elive on Charles	, 19.2/; death is sa
7. AGE Years Months Day	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Total time (years)	Carcinouna of Coloni	
12. BIRTHPLACE (city or town)	occupation	Other Contributory Canses of Importance:  Alexandra Canal	1 Diene
13. NAME thelip	Vice		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	west to	Name of operation	/.
15. MAIOEN NAME Affice  16. BIRTHPLACE (city or twn)  (State or country)	uest for	23. If death was due to externel causes (VIOLENCE) fill in electric Accident, suicide, or homicide? Oete of Where did injury occur? (Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, of	of Injury, 19
17. INFORMANT (Address)  18. BURIAL, CREMOTION, OR REMOVAL Place Date	1/2 ,193.7	Menner of Injury	
19. UNDERTAKER Vigor Meson (Address) J. Sed. Med.		24. Was diseese or injury In eny wey related to occupetion if so, specify	1
20. FILEO 11 /37 , 19 . M. Ju	Registrar	(Signed)	acuell

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La constant statistics and constant statistics			
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